

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

09

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	I						51					
2	I						52					
3	I						53					
4	I						54					
5	I						55					
6	I						56					
7	I						57					
8	I						58					
9	I						59					
10	I						60					
11	I						61					
12	I						62					
13	I						63					
14	I						64					
15	I						65					
16	I						66					
17	I						67					
18	I						68					
19	I						69					
20	I						70					
21	I						71					
22	I						72					
23	I						73					
24	I						74					
25	I						75					
26	I						76					
27	I						77					
28	I						78					
29	I						79					
30	I						80					
31	I						81					
32	I						82					
33	I						83					
34	I						84					
35	I						85					
36	I						86					
37	I						87					
38	I						88					
39	I						89					
40	I						90					
41	I						91					
42	I						92					
43	I						93					
44	I						94					
45	I						95					
46	I						96					
47	I						97					
48	I						98					
49	I						99					
50	I						100					
TOTAL IND.	16						TOTAL IND.					
TOTAL DEP.	16						TOTAL DEP.					
TOTAL CLAIMS	16						TOTAL CLAIMS					